

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/522731**

FILING DATE

APPLICANT(S)

**7-706 CLAIMS**

**7-706**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2			/		/	
3			/		/	
4			/		/	
5			/		/	
6			/		/	
7			/		/	
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46			/		/	
47			/		/	
48			/		/	
49			/		/	
50			/		/	
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	4	←	51	←	
TOTAL CLAIMS				55		

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/		/	
52			/		/	
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97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	4
TOTAL CLAIMS						35